

Commentary

Ash Wednesday

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Entering the intensive care unit (ICU) to begin rounds after a weekend off call, I found a patient of mine had been admitted in respiratory distress. We had known each other since his coronary bypass surgery several months earlier. This surgery had been followed by multiple complications, including sternal breakdown due to staphylococcal infection. This was followed by four sternal repair attempts and finally omental flap closure before Drew could be weaned from the ventilator. The repairs were more difficult than usual because he had received radiation therapy to his mediastinal area for Hodgkin's disease many years before. This left him with a compromised blood supply to the sternum and a restrictive cardiomyopathy. After 2 months and many hours of worry on both sides, he could finally be discharged to home. He had been at the office a half dozen times since to control his pleural effusions by thoracentesis. The effusions finally began responding to combination diuretic therapy. The last time I saw him prior to admission he had improved and, although still weak, he was beginning to enjoy life and being with his family.

As I entered his ICU room I saw that things had quickly deteriorated. Staphylococcal endocarditis, acute and bacteremic, had taken hold. Drew looked gray, he was barely able to whisper, and his breath sounds were hardly audible.

"Drew, I have to help you breathe!"—he nodded in response. As we laid his head down for intubation he calmly submitted. I could not use any sedatives because of his hemodynamic instability. I needed to place an endotracheal tube and obtain venous access, but sternal surgery had caused contraction of his neck muscles, so no usual access was available. I continued, however, through radiation-toughened skin, and with care because his clavicles were out of alignment. I was able to obtain a femoral artery blood gas and place a femoral intravenous line. But I saw that this had caused him discomfort despite local anesthetic.

"My God," I thought. "I am taking part in a crucifixion." This man lay in front of me awake and suffering. I was unable to relieve his pain just then and had to continue to do procedures to stabilize him.

Drew's family had arrived, and quick exchanges took place. We had met many times before and had discussions regarding the "what ifs" of his condition. His family was wonderful and supportive. There was not anything they would not try to accomplish for their father and husband. His daughter asked if anything else could be done, knowing what the answer would be. (Even during his first surgery his aorta could not be cross-clamped because it was so friable. To attempt valve replacement was not possible.) As the patient's pressure continued to fall, episodes of bradycardia began. He would respond to boluses of epinephrine and then fade again. His wife asked that their priest be called to administer the Sacrament of the Sick and that comfort measures be taken.

They were. Father Mike arrived quickly. He had known this family for many years and had been in school with some of the children. As he began the service, Drew's family gathered at his bedside and prayed out loud the *Lord's Prayer*. Each person told Drew that he should feel free to go to his reward, thanking him for having loved and cared for them so well. As the priest continued the anointment, I could see the heart monitor record slower and slower beats. They all then kissed him goodbye. At the end of the last word of the last prayer the monitor became flatline. At 9:20 AM, it was over.

As the family said their last goodbye, each one thanked me for trying to help Drew. I was speechless. Seldom had I witnessed such closeness in a family, and seldom had I felt so powerless to do anything that may have been of benefit. Yet to have these people thank me was more than I could bear.

Later that morning, I attended the Ash Wednesday service at the hospital's chapel. Drew's family was there and Father Mike was saying the Mass. Ash Wednesday is the day most Christians begin to spiritually prepare themselves for the celebration of the death and resurrection of Christ on Easter Sunday. It culminates in the placement of ashes on the forehead to remind us that we are from the earth and shall return to it when we die. It is a time of sacrifice and reflection. I was the last person to receive the ashes. Father Mike looked at me and said, "From dust thou art and to dust thou shall return, Doctor."

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As I acknowledged him, I thought, “Yes, I will accomplish this. But have I accomplished my mission ‘To cure sometimes, alleviate suffering often, and comfort always’?” At that moment, Drew’s wife approached me: “Thank you for always being there for us, you will

always be in our prayers.” At that moment my question was answered and doubt resolved.

On this Ash Wednesday, I felt the uplifting spirit of a family’s love for their father and husband and the hope for a better life. I have been privileged. Thank you, Drew.